

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/555986** FILING DATE **17 AUG 2000**

APPLICANT(S) *C. VC.*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
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48				/		
49				/		
50				/		
TOTAL IND.			5			
TOTAL DEP.			45			
TOTAL CLAIMS			50			

	* 1st Amendment *		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
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100						
TOTAL IND.						
TOTAL DEP.		7				
TOTAL CLAIMS		7				